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BIBDATASHEET

Bib Data Sheet

CONFIRMATION NO. 3176

SERIAL NUMBER 09/460,962	FILING DATE 12/14/1999 RULE	CLASS 345	GROUP ART UNIT 2674	ATTORNEY DOCKET NO. 450.311US1	
APPLICANTS CORWYN R. MEYER, SIOUX FALLS, SD; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/28/2000					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <u>Allowance</u> Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		STATE OR COUNTRY SD	SHEETS DRAWING 5	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 4
ADDRESS 24333 GATEWAY, INC. ATTN: MARK S. WALKER 610 GATEWAY DRIVE MAIL DROP Y-04 N. SIOUX CITY , SD 57049					
TITLE APPARATUS AND METHOD FOR DETECTION OF COMMUNICATION SIGNAL LOSS					
FILING FEE RECEIVED 838	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

SERIAL NUMBER 09/460,962	FILING DATE 12/14/99	CLASS 455	GROUP ART UNIT 2749	ATTORNEY DOCKET NO. 450.311US1
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APPLICANT

CORWYN R. MEYER, SIOUX FALLS, SD.

CONTINUING DOMESTIC DATA***
VERIFIED

371 (NAT'L STAGE) DATA***
VERIFIED

FOREIGN APPLICATIONS***
VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 01/28/00

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY SD	SHEETS DRAWING 5	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 4
Verified and Acknowledged Examiner's Initials _____ Initials _____					

ADDRESS	SEE CUSTOMER NUMBER: 021186
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TITLE	APPARATUS AND METHOD FOR DETECTION OF COMMUNICATION SIGNAL LOSS
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FILING FEE RECEIVED \$838	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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